Registered Environmental Assessor Program (916) 324-6881

Complaint Form

Please complete this form as fully as possible.

Please type or print legibly.

Staff Use Only		
Complaint No:		
Date Received:		
Date Complainant		
Contacted:		
REA No.:		
Date Resolved:	·	

The Registered Environmental Assessor (REA) Program has broad authority to investigate and resolve complaints against a Registered Environmental Assessor I or II. Complaints may be filed against an REA for contractual, technical, safety, misrepresentation or fraud-related issues occurring during their performance of environmental activities.

The REA Program's authority allows disciplinary actions consistent with the California Health and Safety Code Chapter 6.98, and Title 14, California Code of Regulations (commencing with Section 19030). Disciplinary actions may result in the suspension or revocation of registration. Pertinent sections of the California Health and Safety Code and the California Code of Regulations are available from the REA Program website, or are available in printed format from the REA Program.

My complaint concerns the activities of a:	My complaint regards the following:			
Registered Environmental Assessor I	☐ Negligence or inexcusable neglect of duty (HSC §25570.3(I) (1) and (2))			
Registered Environmental Assessor II	☐ Misrepresentation of data or other intentional fraud (HSC §25570.3(I) (3))			
	Charging for services not rendered, or performing services that are not reasonably necessary (HSC §25570.3(I) (4))			
	Abandonment of a client (except for nonpayment §25570.3(I) (5))	nt of fees for services rendered) (HSC		
	☐ Conviction of a felony or misdemeanor involving the regulation of hazardous wastes, hazardous substances, or hazardous materials (HSC §25570.3(I) (6))			
	☐ Conviction of a felony or misdemeanor involving falsification of records, perjury, forgery, conspir §25570.3(I) (7))			
	False or misleading statements in an application, record, log, plan, file, register, or report (HSC §25570.3(I) (8))			
	 Actions or activities which prevent or inhibit the monitoring device that is required to be maintain safety or the environment 			
	☐ Placing another individual in imminent risk of seri substance that cause an unreasonable risk of fi			
	☐ Other			
REA who is the subject of this complaint:				
Last Name:	First Name:	M.l.:		
Street Address:		Daytime Phone: ()		
City:	State: Zip Code:	REA Number:		
If the conduct that is the subject of your complaint took place at or in connection with a particular property or site, please identify that property/site by either providing its address (street address and city/town) or by otherwise identifying its location (e.g. project name used by an environmental agency).				
EPA ID Number (if known)				

DTSC 1364 (10/10/03) Page 1 of 2

the event(s) occurred. List the	names and any contact information and informat	ation (if known) for all indiv	your complaint, and the times and dates iduals involved. Attach extra pages, if to explain the details of your complaint.	
	plaint with the REA registrant? (attach the response or additio		□ N/A esponse)? □ Yes □ No □ N/A	
Complaint made by (Complainant):				
You may remain anonymous; howe independently document or confirm	ever, the REA program may be unable the allegations.	e to address your complaint ur	nless we are able to contact you to	
Last Name: Agency or Business Name (if any):	Firs	st Name:	M.l.:	
Mailing Address:			Daytime Phone: ()	
City:	State:	Zip Code:	Email:	
AUTHORIZATION FOR RELEASE OF RECORDS AND REFERRAL OF COMPLAINT. When you sign this form (or a photocopy thereof), you authorize the Registered Environmental Assessor Program to: (1) conduct its own investigation and (2) possibly refer your complaint to other enforcement authorities to investigate or prosecute your complaint. Please be aware that the registrant will be notified of the complaint. Please note that all complaints will be carefully considered; however, the act of filing a complaint does not assure or imply that disciplinary action will be taken against a registrant. You will be notified of the disposition of this complaint. I certify, under penalty of perjury, that the information contained in this complaint, including any attached pages, is true, correct, and complete to the best of my knowledge.				
Signatu	ıre:		Date:	
Please send or fax this form to:				

Please send or fax this form to:
Department of Toxic Substances Control
Registered Environmental Assessor Program
P.O. Box 806
Sacramento, CA 95812-0806
Office (916) 324-6881 Fax (916) 324-1379

DTSC 1364 (10/10/03) Page 2 of 2